

## Coventry Medicare Advantage 2017 Kansas State Employee Health Plan

For an effective date: January 1, 2017

### Plan Option Highlights

	<u>2016 PPO</u> <b>\$88</b>	<u>2017 PPO</u> <b>\$88</b>	<u>2016 PPO</u> <b>\$84</b>	<u>2017 PPO</u> <b>\$84</b>
<b>Rate: Per Member Per Month</b>				
<b>Medical Only Plan</b>	<b>2016 PPO</b>	<b>2017 PPO</b>	<b>2016 PPO</b>	<b>2017 PPO</b>
	<b>Freedom Plan</b>	<b>Freedom Plan</b>	<b>Liberty Plan</b>	<b>Liberty Plan</b>
Deductible	\$0	\$0	\$0	\$0
Out of Pocket Max/In Network	\$1,000	\$1,000	\$3,500	\$3,500
Out of Network	20%, up to \$4,100	20%, up to \$4,100	35%, up to \$7,500	35%, up to \$7,500
Inpatient Hospital	\$150/day 1-5 (OON)	\$150/day 1-5 (OON)	\$250/day 1-5	\$250/day 1-5
Skilled Nursing Facility	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100
PCP/Specialist Visits	\$10 / \$25	\$10 / \$25	\$5 / \$30	\$5 / \$30
Outpatient Svcs/Surgery	\$150 (OON)	\$150 (OON)	\$200	\$200-\$250
Diagnostic Services	\$0	\$0-\$150	0-20%	\$0-\$200
DME/Prosthetics	\$0-\$5 copay or 20% depending on supply.	20%	20%	20%
Fitness Benefit	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers
Vision (Non-MCR)	1 exam/year	1 exam/year	1 exam/year	1 exam/year
Hearing (Non-MCR)	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid
Dental (Non-MCR)	not covered	not covered	\$200 Allowance	\$200 Allowance

**Coventry Medicare Advantage 2017**

**Kansas State Employee Health Plan**

**For an effective date: January 1, 2017**

**MAPD 2017 RX - New RX Proposed Plan**

**Plan Option Highlights**

**Rate: Per Member Per Month**

**2016 PPO**

**\$156**

**2017 PPO**

**\$156**

**2016 PPO**

**\$140**

**2017 PPO**

**\$140**

<b>Medical</b>	<b>2016 PPO</b>	<b>2017 PPO</b>	<b>2016 PPO</b>	<b>2017 PPO</b>
	<b>Freedom Plan</b>	<b>Freedom Plan</b>	<b>Liberty Plan</b>	<b>Liberty Plan</b>
Deductible	\$0	\$0	\$0	\$0
Out of Pocket Max/In Network	\$1,000	\$1,000	\$3,500	\$3,500
Out of Network	20%, up to \$4,100	20%, up to \$4,100	35%, up to \$7,500	35%, up to \$7,500
Inpatient Hospital	\$150/day 1-5 (OON)	\$150/day 1-5 (OON)	\$250/day 1-5	\$250/day 1-5
Skilled Nursing Facility	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100	\$0/day 1-20 \$160/day 21-100
PCP/Specialist Visits	\$10 / \$25	\$10 / \$25	\$5 / \$30	\$5 / \$30
Outpatient Svcs/Surgery	\$150 (OON)	\$150 (OON)	\$200	\$200-\$250
Diagnostic Services	\$0	\$0-\$150	0-20%	\$0-\$200
DME/Prosthetics	\$0-\$5 copay or 20% depending on supply.	20%	20%	20%
Fitness Benefit	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers
Vision (Non-MCR)	1 exam/year	1 exam/year	1 exam/year	1 exam/year
Hearing (Non-MCR)	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid	1 exam/year; \$500 Hearing Aid
Dental (Non-MCR)	not covered	not covered	\$200 Allowance	\$200 Allowance

<b>Prescription Drug</b>	<b>Freedom</b>	<b>2017 PPO</b>	<b>2016 PPO</b>	<b>2017 PPO</b>
Deductible	\$0	\$0	\$0	\$0
Formulary/Network	Network	Preferred/Standard	Network	Preferred/Standard
Tier Structure	5 Tier	5 Tier	4 Tier	5 Tier
Preferred Retail - 30 days				
Tier 1 Preferred Generic	\$0	\$2	\$5	\$2
Tier 2 Generic	\$5	\$5		\$5
Tier 3 Preferred Brand	\$45	\$47	\$45	\$47
Tier 4 Non-Preferred Brand	50%	\$100	50%	\$100
Tier 5 Specialty	33%	33%	33%	33%
Non-Preferred Retail - 30 days				
Tier 1 Preferred Generic	\$5	\$10	\$10	\$10
Tier 2 Generic	\$10	\$20		\$20
Tier 3 Preferred Brand	\$45	\$47	\$45	\$47
Tier 4 Non-Preferred Brand	50%	\$100	50%	\$100
Tier 5 Specialty	33%	33%	33%	33%
Gap Coverage (> \$3,700 Total Drug Spend)	Tier 1 (\$0/\$5)	Tier 1 & Tier 2 (\$2/\$10; \$5/\$20)	Tier 1 (\$10/\$20)	Tier 1 & Tier 2 (\$2/\$10; \$5/\$20)
Catastrophic Coverage (> \$4,950 Mbr Out of Pocket)	The greater of 5% of the cost, or \$2.95/generic and a \$7.40 copayment for all other drugs. (CMS Standard)	The greater of 5% of the cost, or \$3.30/generic and a \$8.25 copayment for all other drugs. (CMS Standard)	The greater of 5% of the cost, or \$2.95/generic and a \$7.40 copayment for all other drugs. (CMS Standard)	The greater of 5% of the cost, or \$3.30/generic and a \$8.25 copayment for all other drugs. (CMS Standard)
60-day Supply	2 x Tier	2 x Tier	2 x Tier	2 x Tier
90-day Supply	2 x Tier	3 x Tier	2 x Tier	3 x Tier